

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031487

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 410

STATE FILE NUMBER

FILED AUG 17 1962

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Joplin</b>	
Length of stay in 1b <b>55 Yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>817 Virginia Ave.,</b>		d. STREET ADDRESS (If outside, give location) <b>817 Virginia Ave</b>	
3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>D.</b> Last <b>Bailey</b>		4. DATE OF DEATH Month <b>8</b> Day <b>15</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>5-3-1894</b>
9. AGE (last birthday) <b>68</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (City and state or country) <b>Belle, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Joe Bailey</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Sterling</b>	
14. NAME OF HUSBAND OR WIFE <b>Eunice McGehee 315 N. Oak., #2</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b>	
16. SOCIAL SECURITY NO. <b>##</b>		17. INFORMANT <b>Joplin, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Presumed to be natural causes. (Coroner notified)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>DUE TO (b)</b> <b>UNKNOWN</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Did not attend. No Dr. in attendance</b> and last saw her alive on <b>Approx. 10:00A</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>Approx. 10:00A</b>			
22a. SIGNATURE <b>Dovie Merriam</b> (Degree or title) <b>Registrar</b>		22b. ADDRESS <b>201 Joplin St. Joplin Mo.</b>	
22c. DATE SIGNED <b>8/15/62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>8-16-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial Pk</b>	
23d. LOCATION (City, town, or county) <b>Joplin, Mo</b>		23e. DATE RECD. BY LOCAL REG. <b>8-15-1962</b>	
24. FUNERAL DIRECTOR <b>Thornhill-Dillon Mortuary, Joplin, Mo</b>		26. REGISTRAR'S SIGNATURE <b>Dovie Merriam</b>	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300  
Rev. 4/59

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AUG 17 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Tracy McCardy*

Licensed Embalmer No. 5125

P. O. Address

Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.